

**MSFC EDUCATIONAL PROGRAM - REQUEST FOR LEAVE WITHOUT PAY (LWOP)**

Type or print all information and sign the form

TYPE OF PROGRAM:

☐

Associate

☐

Federal Junior Fellowship Program

☐

Baccalaureate

☐

Graduate

TO:

FROM: (NAME OF STUDENT AND ORGANIZATIONAL SYMBOL)

I REQUEST LWOP IN ORDER THAT I MAY RESUME THE ACADEMIC PHASE OF THE EDUCATION  
PROGRAM AT: \_\_\_\_\_

NAME OF COLLEGE / UNIVERSITY

OFFICIAL EXCHANGE DATE IS:

MY LAST WORKING DAY WILL BE:

MY PLANNED RETURN TO DUTY DATE WILL BE:

MY PROJECTED DATE OF GRADUATION IS:

MY CURRENT MAJOR FIELD OF STUDY IS:

MY LAST WORK SCHEDULE WILL BE:

STUDENT'S SIGNATURE AND DATE:

MY MAJOR FIELD OF STUDY UPON ENTRY INTO THE PROGRAM WAS:

IF YOU DO NOT PLAN TO CONTINUE IN THE PROGRAM, PLEASE COMPLETE THE FOLLOWING  
INSTEAD OF THE LWOP PORTION ABOVE

I RESIGN FROM THE EDUCATIONAL PROGRAM EFFECTIVE:

MY REASONS ARE:

MY FORWARDING ADDRESS: (NAME, STREET, CITY, STATE & ZIP CODE)  
(COMPLETE THIS BLOCK WHETHER RESIGNING OR LWOP)

APPROVE / DISAPPROVE LWOP:

PHONE NUMBERS:  
(INCLUDE AREA CODE)

HOME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR, HUMAN RESOURCES DEPARTMENT